



WoodsWISE

Incentives to Stewardship Enhancement



WoodsWISE Project – Claim for Payment

Project cost-sharing is made possible through USDA Forest Service programs and other grants.

Landowner:

Name: _____

Address: _____

Social Security #: _____ (required)

I have completed the Project for which I was approved under WoodsWISE and am hereby making claim for cost-share payment for the following completed practices:

Practice Code*	Practice component*	Extent completed (acres or other units)	Total eligible cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The completed Project has been inspected by _____ (Stewardship Forester) on _____ (date) and is in accordance with the Project Plan.

Landowner signature(s) _____ Date _____

OFFICE USE ONLY

District Forester:

Project Application number: _____

Date of MFS field inspection: _____

Project meets MFS specifications: Y N

Documentation complete/acceptable Y N

Project practices:

Code	Extent approved	Eligible cost	Cost-share approved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total eligible project cost: _____

Total cost-share approved: _____

Cost-share payment authorized:

Signature of Division Director:

_____ Date _____

District Forester signature: _____ Date: _____